



STATE OF MAINE

APPLICATION FOR APPOINTMENT AS DEDIMUS JUSTICE

Please read these instructions carefully before completing this application. The applicant must complete this entire application, and all questions must be answered completely. Only citizens of the United States, who are residents of Maine, at least 18 years of age, may be appointed to the office of Dedimus Justice.

To the Honorable Governor of the State of Maine:

I, _____
(Name of Applicant)

of _____ am an adult citizen of the United States,
(Town/City of Legal Residence)

a resident of the State of Maine, and request appointment to the office of Dedimus Justice.

Home Address:
(physical location – street or road, city/town and zip code)

Home Telephone: _____

Work Telephone: _____

Date of Birth: _____

Social Security Number: _____

Mailing Address: (if different)

Gender: (circle one) M F

Other language fluency:

(Please list language)

1. If you were not a native born United States citizen, please list when and in what court you were naturalized.

2. Please list your occupation. _____

3. Please list the name of your employer or the name of the concern with which you are connected and in what capacity.

4. Please list any prior criminal convictions (do not include traffic violations). List date, charge, town, court and disposition. If none, please so indicate. _____
5. Please provide the date(s) that you were refused appointment as a Dedimus Justice. If none, please so indicate. _____

I certify that the information in the foregoing application is accurate
and that I personally completed the application.

(Signature of Applicant)

(Date)

State of Maine

County of _____

(Date)

The applicant personally appeared before me and made oath
to the truth of the foregoing statement.

_____, Notary Public, State of Maine
(Signature of Notary Public)

My commission expires on: _____

I, being the Municipal Clerk and/or Registrar of Voters certify the Applicant is a resident
of the municipality listed below, and affix the seal of the municipality.

(Signature of Clerk or Registrar of Voters)

Name of Municipality: _____ (Municipal Seal)

I, a registered voter in the State of Maine, recommend the appointment
of the Applicant to the office of Dedimus Justice.

(Signature of Registered Voter)

(Name of Municipality of Residence)

Please mail your completed application to: Office of the Governor, Attn: Andy Cashman, 1 State House Station, Augusta, Maine 04333-0001. If you have questions about the information required on this application, please call 287-3531.